

# APPLICATION FOR TENNESSEE TEACHING LICENSE

For Applicants completing programs outside of Tennessee

## PART I PERSONAL DATA

If you hold or have held a Tennessee Teacher License, please indicate Reference Number \_\_\_\_\_

Last Name		First Name		Middle/Maiden	
Social Security Number	Email Address	Telephone Number	Date of Birth	* Sex	* Race
Street/P.O. Box		City	State	Zip Code	

*\*Optional-Statistical information only*

### \_\_\_\_ Name/Address Change

(provide a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change.)

## PLEASE READ CAREFULLY BEFORE SIGNING

Answer the following questions if you have **NEVER** held a Tennessee Teacher License or Permit:

1. Have you ever been convicted of a felony (including a conviction or plea of nolo contendere)? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Have you ever been convicted of the illegal possession of drugs and/or narcotics? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you ever falsified or altered documentation required for licensure? \_\_\_\_\_ YES \_\_\_\_\_ NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

Answer the following questions if you have **EVER** held a Tennessee Teacher License or Permit (since the Tennessee License or Permit was last issued or renewed):

1. Have you been convicted of a felony (including a conviction or plea of nolo contendere)? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Have you been convicted of the illegal possession of drugs and/or narcotics? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you falsified or altered documentation required for licensure? \_\_\_\_\_ YES \_\_\_\_\_ NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART II PRAXIS TESTING DATA

Tests are required unless exemption applies. (See *instructions for Part II.*)

Check one of the following:

- \_\_\_\_\_ Copy of full license issued prior to July 1, 1984 is enclosed
- \_\_\_\_\_ Copy(ies) of **full, valid** license(s) enclosed.
- \_\_\_\_\_ Designated Institution Score Report submitted by college/university
- \_\_\_\_\_ Praxis scores sent directly from ETS

## PART III EXPERIENCE VERIFICATION

Teaching experience, if any, accrued outside Tennessee must be documented. (Please use enclosed experience verification form)

\_\_\_\_\_ Experience verification is attached \_\_\_\_\_ No verified teaching experience

(see reverse side for additional instructions)

# APPLICATION FOR TENNESSEE TEACHING LICENSE

TEACHER NAME \_\_\_\_\_ TEACHER SOCIAL SECURITY NUMBER \_\_\_\_\_

## PART IV TEACHER EDUCATION INSTITUTION AND TRANSCRIPTS

THIS PORTION MUST BE COMPLETED BY THE CERTIFICATION OFFICER OR DEAN OF EDUCATION WHERE YOU COMPLETED AN APPROVED TEACHER EDUCATION PROGRAM.

**Note-**This may not be required in all cases. (*See instructions for Part IV.*)

I certify that, to the best of my knowledge, the above stated individual is at least 18 years of age and possesses good moral character. I certify that the applicant has met our state approved and regionally accredited teacher preparation program in the following area(s):

PROGRAM(S) COMPLETED	INITIAL	ADD-ON	PROGRAM(S)GRADE LEVEL (S)		
	(must select one)				

State approved program \_\_\_\_\_ State \_\_\_\_\_ Regional Accrediting Agency \_\_\_\_\_ Name \_\_\_\_\_

Degree & Major \_\_\_\_\_ Date Degree Conferred \_\_\_\_\_

Recommending College/University \_\_\_\_\_

Title of Authorized Official \_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ Official transcripts from all institutions are enclosed. *See instructions for Part IV.*

**Incomplete applications will be returned to you. Mail completed packets to:**

**Tennessee Department of Education**  
Office of Teacher Licensing  
5th Floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, Tennessee 37243-0377  
Telephone (615) 532-4885